

Montana Medicaid - Fee Schedule

Optometric

Definitions:

January 1, 2009

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines, and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee.

By Report (BR): Equals 45% of billed charges

Anes Value: Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$26.25.

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid allied health conversion factor x policy adjustor. Allied health conversion factor for fiscal year 2009 is \$30.01.

***If a valid, current code is not present, that code may be a non-covered service**

Fees The facility rate is paid to physicians/practitioners providing services in the following sites: hospitals, emergency rooms, ambulatory surgery centers, IHS provider based and IHS 638 free standing facilities, skilled nursing and nursing facilities, hospice, ambulance, inpatient psychiatric and partial psychiatric hospitals, psychiatric residential treatment centers, comprehensive inpatient rehab facilities, birthing centers and military treatment facilities. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00. Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service. Vaccines covered by the Vaccines for Children (VFC) program are not reimbursable for individuals under 19. Please refer to the Medicaid Provider website for the list of VFC vaccines.

Global Days– Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the global period is per the CPT-4 code descriptor

ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

Space: Global concept does not apply to this code

PA – Prior Authorization

Y: Prior authorization is required

Space - this indicator does not apply to this code

Indicators

Mult - Multiple surgery guidelines do apply

Bilat - Bilateral. The procedure can be done bilaterally

Assist - Assistant. An assistant is allowed for this procedure

Co-Surg - Co-Surgery. A co-surgeon is allowed for this procedure

Team - A team of surgeons is allowed for this procedure

Related - The procedure code listed is separately billable

Y - indicator is applicable to this code

Space - this indicator does not apply to this code

Montana Medicaid - Fee Schedule Optometric

Policy Adjust - F = Family Planning M = Maternity

CPT codes, descriptors, and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.

Montana Medicaid - Fee Schedule

Optometric

Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators			Policy Adjust
				Office	Facility					Assist	CoSurg	Team	
	REMOVE FOREIGN BODY FROM EYE	7/1/2008	RBRVS	\$42.35	\$32.86	000		Y	Y				
	REMOVE FOREIGN BODY FROM EYE	7/1/2008	RBRVS	\$51.65	\$39.61	000		Y	Y				
	REMOVE FOREIGN BODY FROM EYE	7/1/2008	RBRVS	\$43.58	\$32.78	000		Y	Y				
	REMOVE FOREIGN BODY FROM EYE	7/1/2008	RBRVS	\$56.72	\$43.06	000		Y	Y				
	CURETTE/TREAT CORNEA	7/1/2008	RBRVS	\$59.53	\$51.61	000		Y	Y				
	AFTER CATARACT LASER SURGERY	7/1/2008	RBRVS	\$232.95	\$218.96	090		Y	Y				
	CATARACT SURG W/IOL 1 STAGE	7/1/2008	RBRVS	\$556.27	\$556.27	090		Y	Y				
	REVISE EYELASHES	7/1/2008	RBRVS	\$40.10	\$40.43	000		Y	Y				
	REPAIR EYELID DEFECT	7/1/2008	RBRVS	\$405.51	\$317.91	090	Y	Y	Y				
	REMOVE EYELID FOREIGN BODY	7/1/2008	RBRVS	\$190.45	\$83.50	010		Y	Y				
	CLEARANCE OF TEAR DUCT	7/1/2008	RBRVS	\$339.00	\$195.25	010		Y	Y				
	CLOSE TEAR DUCT OPENING	7/1/2008	RBRVS	\$154.62	\$106.38	010		Y	Y				
	CLOSE TEAR DUCT OPENING	7/1/2008	RBRVS	\$110.28	\$85.82	010		Y	Y				
	DILATE TEAR DUCT OPENING	7/1/2008	RBRVS	\$90.77	\$77.76	010		Y	Y				
	PROBE NASOLACRIMAL DUCT	7/1/2008	RBRVS	\$197.61	\$170.65	010		Y	Y				
	EXPLORE/IRRIGATE TEAR DUCTS	7/1/2008	RBRVS	\$90.85	\$79.75	010		Y	Y				
	OCCULAR SONOGRAPHY A MOD	7/1/2008	RBRVS	\$132.31	\$132.31				Y				
TC	OCCULAR SONOGRAPHY A MOD	7/1/2008	RBRVS	\$50.90	\$50.90				Y				
26	OCCULAR SONOGRAPHY A MOD	7/1/2008	RBRVS	\$54.95	\$54.95				Y				
	OPHTH US QUANT A ONLY	7/1/2008	RBRVS	\$92.46	\$92.46				Y				
TC	OPHTH US QUANT A ONLY	7/1/2008	RBRVS	\$40.48	\$40.48				Y				
26	OPHTH US QUANT A ONLY	7/1/2008	RBRVS	\$33.49	\$33.49				Y				
	OPHTH US B W/NON-QUANT A	7/1/2008	RBRVS	\$86.68	\$86.68				Y				
TC	OPHTH US B W/NON-QUANT A	7/1/2008	RBRVS	\$35.83	\$35.83				Y				
26	OPHTH US B W/NON-QUANT A	7/1/2008	RBRVS	\$33.52	\$33.52				Y				
	ECHO EXAM OF EYE THICKNESS	7/1/2008	RBRVS	\$10.68	\$10.68								
TC	ECHO EXAM OF EYE THICKNESS	7/1/2008	RBRVS	\$2.25	\$2.25								
26	ECHO EXAM OF EYE THICKNESS	7/1/2008	RBRVS	\$6.27	\$6.27								
	ECHO EXAM OF EYE	7/1/2008	RBRVS	\$61.00	\$61.00								
TC	ECHO EXAM OF EYE	7/1/2008	RBRVS	\$29.56	\$29.56								
26	ECHO EXAM OF EYE	7/1/2008	RBRVS	\$19.24	\$19.24								
	ECHO EXAM OF EYE	7/1/2008	RBRVS	\$64.48	\$64.48								
TC	ECHO EXAM OF EYE	7/1/2008	RBRVS	\$32.11	\$32.11								
26	ECHO EXAM OF EYE	7/1/2008	RBRVS	\$19.51	\$19.51				Y				
	EYE EXAM, NEW PATIENT	7/1/2008	RBRVS	\$58.18	\$37.55								
	EYE EXAM, NEW PATIENT	7/1/2008	RBRVS	\$109.91	\$77.87								
	EYE EXAM ESTABLISHED PAT	7/1/2008	RBRVS	\$61.48	\$38.97								
	EYE EXAM & TREATMENT	7/1/2008	RBRVS	\$89.53	\$60.02								
	REFRACTION	7/1/2008	RBRVS	\$37.13	\$15.86								
	SPECIAL EYE EVALUATION	7/1/2008	RBRVS	\$21.27	\$16.50								
	CORNEAL TOPOGRAPHY	7/1/2008	RBRVS	\$27.20	\$27.20								
TC	CORNEAL TOPOGRAPHY	7/1/2008	RBRVS	\$9.63	\$9.63								
26	CORNEAL TOPOGRAPHY	7/1/2008	RBRVS	\$12.12	\$12.12								

Montana Medicaid - Fee Schedule

Optometric

Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators			Team	Policy Adjust
				Office	Facility					Assist	CoSurg			
	SPECIAL EYE EVALUATION	7/1/2008	RBRVS	\$46.40	\$46.40									
TC	SPECIAL EYE EVALUATION	7/1/2008	RBRVS	\$12.66	\$12.66									
26	SPECIAL EYE EVALUATION	7/1/2008	RBRVS	\$24.46	\$24.46									
	ORTHOPTIC/PLEOPTIC TRAINING	7/1/2008	RBRVS	\$34.25	\$34.25									
TC	ORTHOPTIC/PLEOPTIC TRAINING	7/1/2008	RBRVS	\$14.70	\$14.70									
26	ORTHOPTIC/PLEOPTIC TRAINING	7/1/2008	RBRVS	\$12.69	\$12.69									
	FITTING OF CONTACT LENS	7/1/2008	RBRVS	\$54.08	\$31.25				Y					
	VISUAL FIELD EXAMINATION(S)	7/1/2008	RBRVS	\$42.12	\$42.12									
TC	VISUAL FIELD EXAMINATION(S)	7/1/2008	RBRVS	\$21.04	\$21.04									
26	VISUAL FIELD EXAMINATION(S)	7/1/2008	RBRVS	\$12.66	\$12.66									
	VISUAL FIELD EXAMINATION(S)	7/1/2008	RBRVS	\$54.76	\$54.76									
TC	VISUAL FIELD EXAMINATION(S)	7/1/2008	RBRVS	\$28.42	\$28.42									
26	VISUAL FIELD EXAMINATION(S)	7/1/2008	RBRVS	\$15.43	\$15.43									
	VISUAL FIELD EXAMINATION(S)	7/1/2008	RBRVS	\$62.91	\$62.91									
TC	VISUAL FIELD EXAMINATION(S)	7/1/2008	RBRVS	\$32.74	\$32.74									
26	VISUAL FIELD EXAMINATION(S)	7/1/2008	RBRVS	\$17.62	\$17.62									
	SERIAL TONOMETRY EXAM(S)	7/1/2008	RBRVS	\$70.37	\$39.61									
	TONOGRAPHY & EYE EVALUATION	7/1/2008	RBRVS	\$58.26	\$34.77									
	WATER PROVOCATION TONOGRAPHY	7/1/2008	RBRVS	\$64.93	\$36.05									
	OPHTHALMIC DX IMAGING	7/1/2008	RBRVS	\$36.68	\$36.68				Y					
TC	OPHTHALMIC DX IMAGING	7/1/2008	RBRVS	\$16.99	\$16.99				Y					
26	OPHTHALMIC DX IMAGING	7/1/2008	RBRVS	\$12.36	\$12.36				Y					
	OPHTHALMIC BIOMETRY	7/1/2008	RBRVS	\$68.31	\$68.31									
TC	OPHTHALMIC BIOMETRY	7/1/2008	RBRVS	\$35.14	\$35.14									
26	OPHTHALMIC BIOMETRY	7/1/2008	RBRVS	\$19.51	\$19.51				Y					
	GLAUCOMA PROVOCATIVE TESTS	7/1/2008	RBRVS	\$45.80	\$21.68									
	SPECIAL EYE EXAM, INITIAL	7/1/2008	RBRVS	\$19.36	\$16.50				Y					
	SPECIAL EYE EXAM, SUBSEQUENT	7/1/2008	RBRVS	\$17.58	\$14.73				Y					
	EYE EXAM WITH PHOTOS	7/1/2008	RBRVS	\$54.38	\$25.51				Y					
	EYE EXAM WITH PHOTOS	7/1/2008	RBRVS	\$105.07	\$105.07				Y					
TC	EYE EXAM WITH PHOTOS	7/1/2008	RBRVS	\$54.98	\$54.98				Y					
26	EYE EXAM WITH PHOTOS	7/1/2008	RBRVS	\$29.08	\$29.08				Y					
	EYE EXAM WITH PHOTOS	7/1/2008	RBRVS	\$59.23	\$59.23									
TC	EYE EXAM WITH PHOTOS	7/1/2008	RBRVS	\$31.96	\$31.96									
26	EYE EXAM WITH PHOTOS	7/1/2008	RBRVS	\$15.43	\$15.43									
	OPHTHALMOSCOPY/DYNAMOMETRY	7/1/2008	RBRVS	\$14.32	\$9.22									
	EYE MUSCLE EVALUATION	7/1/2008	RBRVS	\$66.40	\$66.40									
TC	EYE MUSCLE EVALUATION	7/1/2008	RBRVS	\$25.36	\$25.36									
26	EYE MUSCLE EVALUATION	7/1/2008	RBRVS	\$27.79	\$27.79									
	COLOR VISION EXAMINATION	7/1/2008	RBRVS	\$34.81	\$34.81									
TC	COLOR VISION EXAMINATION	7/1/2008	RBRVS	\$21.82	\$21.82									
26	COLOR VISION EXAMINATION	7/1/2008	RBRVS	\$6.03	\$6.03									
	DARK ADAPTATION EYE EXAM	7/1/2008	RBRVS	\$55.66	\$55.66									

Montana Medicaid - Fee Schedule **Optometric**

Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators			Team	Policy Adjust
				Office	Facility					Assist	CoSurg			
TC	DARK ADAPTATION EYE EXAM	7/1/2008	RBRVS	\$36.55	\$36.55									
26	DARK ADAPTATION EYE EXAM	7/1/2008	RBRVS	\$7.98	\$7.98									
	EYE PHOTOGRAPHY	7/1/2008	RBRVS	\$35.22	\$35.22									
TC	EYE PHOTOGRAPHY	7/1/2008	RBRVS	\$20.80	\$20.80									
26	EYE PHOTOGRAPHY	7/1/2008	RBRVS	\$7.38	\$7.38									
	INTERNAL EYE PHOTOGRAPHY	7/1/2008	RBRVS	\$103.08	\$103.08									
TC	INTERNAL EYE PHOTOGRAPHY	7/1/2008	RBRVS	\$59.12	\$59.12									
26	INTERNAL EYE PHOTOGRAPHY	7/1/2008	RBRVS	\$23.35	\$23.35									
	CONTACT LENS FITTING	7/1/2008	RBRVS	\$72.47	\$49.28									Y
	CONTACT LENS FITTING	7/1/2008	RBRVS	\$72.17	\$45.20									Y
	CONTACT LENS FITTING	7/1/2008	RBRVS	\$80.72	\$53.75									Y
	CONTACT LENS FITTING	7/1/2008	RBRVS	\$68.80	\$38.97									Y
	PRESCRIPTION OF CONTACT LENS	7/1/2008	RBRVS	\$55.02	\$28.70									Y
	PRESCRIPTION OF CONTACT LENS	7/1/2008	RBRVS	\$48.80	\$18.98									Y
	PRESCRIPTION OF CONTACT LENS	7/1/2008	RBRVS	\$62.27	\$30.20									Y
	PRESCRIPTION OF CONTACT LENS	7/1/2008	RBRVS	\$50.07	\$18.67									Y
	MODIFICATION OF CONTACT LENS	7/1/2008	RBRVS	\$19.96	\$19.96									Y
	REPLACEMENT OF CONTACT LENS	7/1/2008	RBRVS	\$39.20	\$39.20									Y
	FITTING OF SPECTACLES	7/1/2008	RBRVS	\$30.12	\$15.52									
	FITTING OF SPECTACLES	7/1/2008	RBRVS	\$33.95	\$19.36									
	FITTING OF SPECTACLES	7/1/2008	RBRVS	\$36.72	\$22.43									
	SPECIAL SPECTACLES FITTING	7/1/2003	RBRVS	\$0.00	\$0.00									
	SPECIAL SPECTACLES FITTING	7/1/2003	RBRVS	\$0.00	\$0.00									
	REPAIR & ADJUST SPECTACLES	1/1/2004	FEE SCHED	\$15.49	\$0.00									
	DEVELOPMENTAL TEST, LIM	7/1/2008	RBRVS	\$10.95	\$10.95									
	DEVELOPMENTAL TEST EXTEND	7/1/2008	RBRVS	\$114.45	\$112.53									
	NEUROBEHAVIORAL STATUS EXAM	7/1/2008	FEE SCHED	\$84.39	\$0.00									
	MEDICAL SERVICES AFTER HRS	7/1/2003	RBRVS	\$0.00	\$0.00									
	MED SERV EVE/WKEND/HOLIDAY	1/1/2006	RBRVS	\$0.00	\$0.00									
	MED SERV 10PM-8AM 24 HR FAC	1/1/2006	RBRVS	\$0.00	\$0.00									
	MED SERVICE OUT OF OFFICE	7/1/2003	RBRVS	\$0.00	\$0.00									
	OUT OF OFFICE EMERG MED SERV	1/1/2006	RBRVS	\$0.00	\$0.00									
	SPECIAL SUPPLIES	7/1/2003	RBRVS	\$0.00	\$0.00									
	OCULAR FUNCTION SCREEN	7/1/2003	BY REPORT	\$0.00	\$0.00									
	VISUAL ACUITY SCREEN	7/1/2008	RBRVS	\$1.77	\$1.77									
	OFFICE/OUTPATIENT VISIT, NEW	7/1/2008	RBRVS	\$31.62	\$19.88									
	OFFICE/OUTPATIENT VISIT, NEW	7/1/2008	RBRVS	\$54.61	\$38.41									
	OFFICE/OUTPATIENT VISIT, NEW	7/1/2008	RBRVS	\$80.20	\$58.97									
	OFFICE/OUTPATIENT VISIT, NEW	7/1/2008	RBRVS	\$123.11	\$98.36									
	OFFICE/OUTPATIENT VISIT, NEW	7/1/2008	RBRVS	\$154.92	\$127.95									
	OFFICE/OUTPATIENT VISIT, EST	7/1/2008	RBRVS	\$17.06	\$7.53									
	OFFICE/OUTPATIENT VISIT, EST	7/1/2008	RBRVS	\$32.60	\$19.88									
	OFFICE/OUTPATIENT VISIT, EST	7/1/2008	RBRVS	\$52.88	\$38.00									

Please see first page for a complete description of information contained in the fee schedules.

Montana Medicaid - Fee Schedule

Optometric

Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators			Team	Policy Adjust
				Office	Facility					Assist	CoSurg			
	OFFICE/OUTPATIENT VISIT, EST	7/1/2008	RBRVS	\$79.63	\$59.35									
	OFFICE/OUTPATIENT VISIT, EST	7/1/2008	RBRVS	\$107.88	\$85.03									
	SUBSEQUENT HOSPITAL CARE	7/1/2008	RBRVS	\$32.03	\$32.03									
	SUBSEQUENT HOSPITAL CARE	7/1/2008	RBRVS	\$57.32	\$57.32									
	SUBSEQUENT HOSPITAL CARE	7/1/2008	RBRVS	\$82.22	\$82.22									
	OFFICE CONSULTATION	7/1/2008	RBRVS	\$42.05	\$28.40									
	OFFICE CONSULTATION	7/1/2008	RBRVS	\$78.58	\$59.87									
	OFFICE CONSULTATION	7/1/2008	RBRVS	\$108.00	\$83.57									
	OFFICE CONSULTATION	7/1/2008	RBRVS	\$159.12	\$131.17									
	OFFICE CONSULTATION	7/1/2008	RBRVS	\$196.45	\$164.71									
	EMERGENCY DEPT VISIT	7/1/2008	RBRVS	\$17.70	\$17.70									
	EMERGENCY DEPT VISIT	7/1/2008	RBRVS	\$33.35	\$33.35									
	EMERGENCY DEPT VISIT	7/1/2008	RBRVS	\$53.56	\$53.56									
	NURSING FAC CARE SUBSEQ	7/1/2008	RBRVS	\$33.95	\$33.95									
	NURSING FAC CARE SUBSEQ	7/1/2008	RBRVS	\$52.10	\$52.10									
	HOME VISIT, EST PATIENT	7/1/2008	RBRVS	\$45.53	\$45.53									
	HOME VISIT, EST PATIENT	7/1/2008	RBRVS	\$68.65	\$68.65									
	TEMPORARY TEAR DUCT PLUG	7/1/2003	RBRVS	\$0.00	\$0.00									
	PERMANENT TEAR DUCT PLUG	7/1/2003	RBRVS	\$0.00	\$0.00									
	STERILE EYE PAD	1/1/2009	MEDICARE	\$0.41	\$0.00									
	NON-STERILE EYE PAD	10/1/2007	BY REPORT	\$0.00	\$0.00									
	OCCLUSIVE EYE PATCH	10/1/2007	BY REPORT	\$0.00	\$0.00									
	MISC SUPP & EQUIP. NOC (OR WHEELCH	7/1/1996	BY REPORT	\$0.00	\$0.00									
	GLAUCOMA SCR N HGH RISK DIREC	7/1/2006	RBRVS	\$0.00	\$0.00									
	GLAUCOMA SCR N HGH RISK DIREC	7/1/2006	RBRVS	\$0.00	\$0.00									
	CONTACT LENS PMMA SPHERICAL	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y							
	CNTCT LENS PMMA-TORIC/PRISM	7/1/2000	FEE SCHED	\$74.43	\$0.00		Y							
	CONTACT LENS PMMA BIFOCAL	7/1/2000	FEE SCHED	\$125.69	\$0.00		Y							
	CNTCT LENS PMMA COLOR VISION	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y							
	CNTCT GAS PERMEABLE SPHERICL	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y							
	CNTCT TORIC PRISM BALLAST	7/1/2000	FEE SCHED	\$74.43	\$0.00		Y							
	CNTCT LENS GAS PERMBL BIFOCL	7/1/2000	FEE SCHED	\$125.69	\$0.00		Y							
	CONTACT LENS EXTENDED WEAR	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y							
	CONTACT LENS HYDROPHILIC	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y							
	CNTCT LENS HYDROPHILIC TORIC	7/1/2000	FEE SCHED	\$74.43	\$0.00		Y							
	CNTCT LENS HYDROPHIL BIFOCL	7/1/2000	FEE SCHED	\$125.69	\$0.00		Y							
	CNTCT LENS HYDROPHIL EXTEND	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y							
	CONTACT LENS/ES OTHER TYPE	10/1/2007	BY REPORT	\$0.00	\$0.00									
	PLASTIC EYE PROSTH CUSTOM	1/1/2009	MEDICARE	\$856.71	\$0.00									
	POLISHING ARTIFICAL EYE	1/1/2009	MEDICARE	\$69.85	\$0.00									
	ENLARGEMNT OF EYE PROSTHESIS	1/1/2009	MEDICARE	\$440.21	\$0.00									
	REDUCTION OF EYE PROSTHESIS	1/1/2009	MEDICARE	\$179.96	\$0.00									
	SCLERAL COVER SHELL	1/1/2009	MEDICARE	\$1,510.25	\$0.00		Y							

Montana Medicaid - Fee Schedule Optometric

Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators			Team	Policy Adjust
				Office	Facility					Assist	CoSurg			
	FABRICATION & FITTING	1/1/2009	MEDICARE	\$365.91	\$0.00									